

478A.TXR000000927 0001

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## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPAID NUMBER

INSTALLATION ADDRESS

TXRODOGOUGEZ

WAL MART NO 627
603 HWY 243 E
CANTON • TX 75103
VAN CHATHAM STORE MANAGER

603 HWY 243 E
CANTON • TX 75103

EPA Form 8700-12A (6-90)

### РНОТОСОРУ

	ОСОРУ						
lease print or type with ELITE type (12 cha see per inch) in the un	shaded areas only		Fo	rm Approved. 0	MB No. 205	3-0028 Expin GSA No 024	91 9-30-98 6-EPA-OT
Place's refer to the Instructions or Filling Notification before coingletting this Lorm. The Instruction sequested here is required by law (Section 3010 at the Resource Conservation)	cation of Vaste Ac	tivi	ty	ed	Date	Receive	d.
I. Installation's EPA ID Number (Mark 'X' in the appropriate box	)			4.			
A. First Notification B. Subsequent Notification (Complete Item C)	on . Tx	C. Ins	stallation's	EPA ID N	umber 9	27	一個語
II. Name of Installation (Include company and specific site nam	e)						
Wall-mart # 827							
III. Location of Installation (Physical address not P.O. Box or F	oute Number)						
Street							1
603 HWY 243 EA: Street (Continued)	57					1	
	TITI	T	TT	TT	TT	T	P
City or Town		State	Zip Code	1	-		
CANTON		TX	75	103	-	T	
County Code County Name							
WANZANAT	T		TI	TIT	TT	II	
IV. Installation Mailing Address (See Instructions)	Total Care				MAN	-43-4	2
Street or P.O. Box							
DEPT 8013					TT	-	
City or Town	T	State	Zip Code				-
BENTONVILLE		AR	72		<	301	13
V. Installation Contact (Person to be contacted regarding was	ta activities at site	-	1 4	111/2			
Name (Last)	(First)						25000000
	7-11		TT	TT	TT		
Job Title	Phone Number	nr (4 can	Code and	Alembari			-
	Phone Number	er (Area	Code and	- 59	7 64.6	Z (.)	44
STORE MANAGER  VI. Installation Contact Address (See Instructions)	1100	5	6/	99	74	700	/
A. Contract Address			Land Market				
Location Mailing Other B. Street or P.O. Box	11-11-1	1		11		TT	-
X 1 603 HWY 2		951	7/2 0-1				
City or Town		State	Zip Code	-		TT	-
CANTON		11X	15	103	-		
VII. Ownership (See Instructions)		market and a					
A. Name of installation's Legal Owner				-			4
WAL-MART STORES	INC	3					
Street, P.O. Box, of Route Number	CALL THE LINE			136	1		- 63
DEPT 8013							
City or Town	S	tate	Zip Code	lle,	100		1
BENTONVILLE		AR	721	7116	- 8	101	3
Phone Number (Area Code and Number) B. Land T	ype G. Owner Typ		CONTRACTOR OF THE PARTY OF THE			Changed) Day	Year
501-273-4293 P	P	Yes	bearings home	No T	T	TT	T
					water and the same of		

			- For Office	ial Use Only
/III. Type of Regulated Waste Activity (Ma	erk 'X' in the appropria	te boxes; Refer to Inst	ructions)	Series Series Series December 1990
A. Hazardous W	aste Activity	in the time.	B. Used Oi	Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (200 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	Installation), required for instructions. 4. Hazardous W. a. Generator b. Other Mar c. Boilerand: 2. Small Indicate Ty Device(s) 1. Utility 2. Indust	Vaste Fuel Marketing to Burner keters or Industrial Furnace or Deferral Quantity Exercition pe of Combustion Boiler rial Boiler rial Furnace	Oil to Off- b. Marketer Oil Meets 2. Used Oil Bu Combustion a. Utility Bol b. Industrial c. Industrial 3. Used Oil Tra of Activity(e a. Transport b. Transfer F	Directs Shipment of Used Specification Burner Who First Claims the Use the Specifications mer - Indicate Type(s) o Device(s) ler Boller Furnace asporter - Indicate Type(s s) er Facility ressor/Re-refiner - Indicate Specification Facility ressor/Re-refiner - Indicate Specification Facility ressor/Re-refiner - Indicate Specification Facility ressor/Re-refiner - Indicate Facility Fa
3. Listed Hazardous Wastes. (See 40 CFR.	261.31 - 33; See instru	ctions if you need to lis	t more than 12 wa	ste codes.)
7 8	9	10	11	12
professional profe	9	10	11	12
7 8  C. Other Wastes. (State or other wastes requ	iring a handler to have	an I.D. number; See i	nstructions.)	
7 8				12
7 8 C. Other Wastes. (State or other wastes requ	iring a handler to have	an I.D. number; See i	nstructions.)	
7 8  C. Other Wastes. (State or other wastes required to the state of other wastes required to the state of t	and all attachments we lel properly gather and sond directly respons and complete. I am away	era I.D. number; See i	direction or supern submitted. Based formation, the information, the information.	ision in accordance with a on my inquiry of the person mation submitted is, to the
7 8  C. Other Wastes. (State or other wastes requ	and all attachments well-properly gather and some direct learning to the some direct learning to the some direct learning violation.	era I.D. number; See i	direction or supervisubmitted. Based ormation, the information, the information that penalties for su	ision in accordance with a on my inquiry of the person mation submitted is, to the
C. Other Wastes. (State or other wastes required to the state of other wastes required to the state of the st	and all attachments we lei properly gather and sons directly respons and complete. I am awaint for knowing violati.	ere prepared under my evaluate the information bible for gathering the init or that there are significant.	direction or supervisubmitted. Based ormation, the information, the information that penalties for su	ision in accordance with a on my inquiry of the person mation submitted is, 10 the bmitting false information.  Date Signed



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EPAID NUMBER

TXR000000927

02/27/95

WAL MART NO 827

OO3 HWY 243 E CANTON • TX 75103 VAN CHATHAM STORE MANAGER

INSTALLATION ADDRESS

CANTON ,TX

EPA Form 8700-12A (6-90)

	РНОТО	COPY					
thease refer to the Instructions for Filing Notification before completing this form. The afformation requested here is required by law (Section 2010 of the Hessians Carizervation)	& LPA	Regul	tication ated \	N ste	DEC	EIV	6
and Recovery ACI).	United State	s Environmental	The second secon		W LEB	1 0 1995	,
I. Installation's EPA ID Num	ber (Mark 'X' in the appr	opriate box)	F				
X A. First Notification	B. Subsequent No (complete item C		TIVI	C. Install	000	01912	17
II. Name of Installation (Incl	ude company and specif	(c site name)					C
Wall-Mari	+    #  8   2   7 Physical address not P.C	. Sox or Boute .	(umper)	:	111		
603 HW4	12/4/3/ E	lals I+1			111		
Street (continued)	TITT	17:1	TIT	TIT	111	TI	
60		1 1 1	State	ZIP Code	-1-1-		
City or Town			ITV	751	10131-	111	
0.0011110			1 11/1	111011	10131-	<u></u>	- 1
County Code County Name	alald!		1 1 1	111	111	TT	
IV. Installation Mailing Addr	es (See losquelons)	7 35	Car and a second				7.5
Street or P.O. Box De 06 80	1 3					111	Ī
City or Town			State	ZP Coce			
BleInHolnIVI	il/11/e		IAIR	1701	11161-	18/01	11
V. Installation Contact (Pers	on to be comacted regar	cing waste activ	ities at site)			***	
Name (last)		(ffrst)					
Chlathla m		IVIa	ni	111	1 1 1		
Jab Title		Phone	Number (a)	es code and	number)		
SHOITE M	alnialalein	1 1910	131-15	16171-	15/7/4	141	
VI. Installation Contact Addr	ess (See Instructions)	- 1		- **			
A. Contact Address B. Stree	or P.O. Box	. 1.4 150,00		1200	-	12184	
X 1 60	3 HW11	214131	Elals	1+11	111	111	1
City of Town	. 1		State	ZIP Cade	* * * * *	-1	
Canton			TX	1751	10131-		1
VII. Ownership (See Instruct	(ans)						
A. Name of Installation's Le	gai Owner					17,31	
Wall-Mari	+ 1 15 HOI	es II	nc.				1
Street, P.O. Box, or Route	lumber .	1		1.00	*.		
100 pt 180	113 1111						1
8: 1 1/1 Tal 14	11/90		State	ZIP Code	1141-	7/1	11
DEINHOINIVI	the same of the sa	and Type C. Own	er T/22 0.0	Change of Car	ar (Dau	Changed	1
5011-12173	-10171516	7	7 700	Indicator	Mana	Changed)	Y +37
814 Parm 8700+12 21+90) Prev	tus est se a sossiere					Serent . + 17	1.1

## РНОТОСОРУ

VIII. Type of Regulat	ed Waste Activity	(Marx 'X' in the appro	opnate boxes. Te	r to Instructions.)	-
CEEL	A Hazaroous	Waste Activity		8. Used Oil Fu	al Activities
	офску/та (2,200 гся.) Ута (220 - 2,200 гся.	Note: A per tris activity 4. Hazardous	orer, Disposer (at install milt is neglified for ; see instructions. Waste Fuel app Markeding to Burner	a. General	cation Used Oil Fuel for Marketing to Burn Marketer - indicate device(s)
2. Transporter (Indica a. For own waste b. For commercia	ate Mode in bases 1-5 only al purpases	c. Burner	Harksters —  - indicate device(s) —  ( Combustion Device  Utility Soler	Type o	Combustion Devices Utility Boiler Industrial Boiler Industrial Futnese
Mode of Transport	2001	82	Industrial Boiler Industrial Furnace	2. Specification	n Used Cil Fuel Wart Burner) Who Frat C
4. Water 5. Cther - spa	kety	5. Undergroup	nd Injection Control	Tie Cil Mee	s the Specification
IX. Description of Re	gulated Wastes (U	se additional sheets	H necessary)		
wastes your installan	on handles. (See 40 0	SFR Parts 251.20 - 251.2	baxes corresponding to	the characteristics of nor	Nisted hazardous
(0001) (000		(D000) (F2 200		sta rumber(s) for the EP	
B. Usted Hazardous W		51.31 - 33. See Instruct		nore tran 12 waste codes	.)
0001	0008	3	1-11	5	6
7	8	g	10	11	12
C. Other Wastes. (State	e or other wastes requ	orng an I.O. number. Se	e instructions.)		
1	2	3	4	S	6
X. Cartification	<b>*</b> 17 17	1. 120	Allen W. To	1. 水质层 1.	147 48 1
and all attached do	ncuments, and the mation, I believe to	at based on my In hat the submitted I for submitting fall	quiry of those Ind nformation is true, se information, in	with the information lviduals immediately accurate, and comp cluding the pc	responsible fo
Signatura Kluane K	ulsheek	Name and Official Ti	le (type or print) oordinato	Date Sign	-9-95
XI. Comments	就像人。	14 8 8	Silver passes	400	Part .
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